

# THE CITY OF SALISBURY

## EMPLOYMENT APPLICATION

*An Equal Opportunity /Affirmative Action Employer*

### HUMAN RESOURCES DEPARTMENT

City Office Building

132 North Main Street

2nd Floor

P. O. Box 479

Salisbury, NC 28145-0479

704/638-5226

Job Opportunities Hotline 704/638-5355



### CURRENT DATA

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Mailing Address \_\_\_\_\_  
(STREET, RFD or P.O. BOX) (CITY) (STATE) (ZIP)

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

If neither, where can you be reached? \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

Type of School	Name and Location	Graduated	Type Diploma/Degree	Field of Study
High School		Yes No		
Business or Technical School		Yes No		
College or University		Yes No		
Graduate School		Yes No		

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Lic. No. \_\_\_\_\_ State \_\_\_\_\_

Is your driver's license a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, indicate the class \_\_\_\_\_

## SPECIALIZED SKILLS

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a clerical position, indicate typing speed and word processing software packages used.

CLERICAL	AUTOMOTIVE EQUIPMENT
1.	1.
2.	2.
3.	3.
4.	4.

Describe other special qualifications or skills (publications, public speaking, membership in professional or scientific organizations, hobbies, or volunteer work). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

Minimum salary (wage) requirements \$ \_\_\_\_\_ per \_\_\_\_\_

Have you previously worked for the City? Yes\_\_\_\_ No\_\_\_\_ When\_\_\_\_\_ Dept. \_\_\_\_\_

Are you related by blood or marriage to any person now employed by the City of Salisbury? Yes\_\_\_\_ No \_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Dept. \_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Dept. \_\_\_\_\_

Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years? If yes, describe in full. (Conviction will not necessarily disqualify an applicant from employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a United States Citizen or do you currently have authorization to work in the United States?

Yes\_\_\_\_ No \_\_\_\_\_

Have you complied with the requirements of the Federal Selective Service Registration Act (Draft Registration)?

N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been dismissed or forced to resign from a job for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List your work history beginning with the present or most recent employer. Include details on periods of unemployment and military service, as well as part-time, summer, and related volunteer work. If more space is required, please request additional work history sheets or attach additional sheets using the same format.

Name and Address of Employer \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Salary \$ \_\_\_\_\_ Reason you wish to leave \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Salary \$ \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

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Description of Duties and Responsibilities \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

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Salary \$ \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## AUTHORIZATION AND ACKNOWLEDGEMENTS

I understand that employment with the City of Salisbury is contingent upon the successful completion of a drug screening test. I consent to the testing and understand that the result could preclude my employment.

I understand that upon receiving a conditional job offer, I must pass a physical examination.

I understand that acceptance of an offer of employment does not create an expressed or implied contractual obligation upon the employer to continue to employ me in the future.

Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Consistent with the provisions contained in the 1985 amendments to the Fair Labor Standards Act, I understand that it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay. If employed, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work I may be required to perform as an employee of the City of Salisbury.

In accordance with the Americans with Disabilities Act, I understand the City will consider reasonable accommodation if requested.

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal.

I authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Salisbury, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature\_\_\_\_\_

Date\_\_\_\_\_

This application remains effective for ninety (90) days.

# THE CITY OF SALISBURY

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## EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION

The City of Salisbury is dedicated to equality of opportunity. Accordingly, discrimination on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services is prohibited. As a matter of choice, an Affirmative Action Plan has been adopted.

## APPLICATION INSTRUCTIONS

The Human Resources Department administers the recruitment and selection process for staff vacancies. Vacant positions are published on an Employment Opportunities Bulletin as vacancies occur. Information about posted vacancies is also available through the 24-hour Job Opportunities Hotline (638-5355). Applications are not accepted for positions not currently available. The Human Resources Department is open from 8:30 a.m. until 5:00 p.m., Monday-Friday.

Your application is the primary source of information in considering you for employment and, therefore, should represent your best effort. Fill out all sections completely and to the best of your ability. Indicate the specific position for which you are applying. If you want to apply for positions in different occupational areas, you must submit a separate application for each position. **A personal resume may be submitted as a supplement to the application. Unsigned or incomplete applications will not be considered.** Providing false or misleading information or documentation may result in your application being disqualified or your dismissal, if employed. The disclosure of Equal Opportunity Information is voluntary. It is used to monitor recruitment efforts. This information in no way affects you as an applicant. Once submitted, application materials become the property of the City.

After the application closing date, applications will be reviewed. Based on the evaluation, a limited number of applications will be referred to the hiring department. The hiring department will contact those applicants in which they are interested to arrange personal interviews. You will be notified when you are no longer being considered for the position, or when the position has been filled.

If you wish to apply for another vacancy at a later date, you may use the application already on file providing that it is less than 90 days old and for a position in the same occupation area. To receive consideration for an additional vacancy, you must contact the Human Resources Department by 5:00 p.m. on the closing date of the posted job. If there have been any changes in your employment status or history, you must update your original application.

All candidates (including those applying for temporary or seasonal positions) are asked to submit to drug testing prior to being offered employment. A positive drug test result eliminates an applicant from further consideration. Candidates for regular full-time and part-time positions are required to get physicals paid for by the City. These physicals will be scheduled only after a conditional job offer is made. Employment is contingent upon a positive recommendation from the City's physician.

## **EMPLOYEE BENEFITS**

- \* 12 days vacation (annual leave) per year increasing with service to 21 days
- \* 12 days paid sick leave per year
- \* 10 paid holidays per year
- \* Free life and accidental death/dismemberment insurance
- \* Contributory retirement system (LGERS)
- \* Deferred Compensation Program
- \* Disability Insurance
- \* Free medical/hospitalization/dental insurance
- \* Education reimbursement
- \* Merit Pay Plan
- \* Credit Union membership
- \* Worker's Compensation
- \* Service recognition
- \* 401(k)
- \* Uniforms

(Part-time employees who work more than 1000 hours in a calendar year receive prorated benefits. Part-time employees who work less than 1000 hours in a calendar year receive no benefits.)

## **DEPENDENT AND FAMILY BENEFITS**

- \* Life and accidental death/dismemberment insurance
- \* Supplemented premiums for dependent medical and dental insurance coverage
- \* Credit Union membership
- \* COBRA
- \* Section 125 Medical and Dependent Care Reimbursement

## **OVERTIME COMPENSATION AGREEMENT**

Employees who are classified as non-exempt under the provisions of the Fair Labor Standards Act (FLSA) always receive overtime pay or compensatory time off for working over 40 hours in one week. It is the City's policy to compensate employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

*Thank you for your interest in working for the City of Salisbury!*

## EQUAL OPPORTUNITY INFORMATION

The City of Salisbury is an Equal Opportunity/Affirmative Action employer. The following information is needed in order to comply with reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application and will not be used in any way in the selection process or for any personnel action following employment.

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CHECK IF APPLICABLE: \_\_\_\_\_ Disabled \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran

ETHNIC CATEGORY:

\_\_\_\_\_ White (Origins in Europe, North Africa, the Middle East, or the Indian Subcontinent)

\_\_\_\_\_ Black (Origins in any of the black racial groups)

\_\_\_\_\_ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or group, regardless of race)

\_\_\_\_\_ Asian or Pacific Islanders (Origins in the Far East, Southeast Asia, or the Pacific Islands)

\_\_\_\_\_ American Indian or Alaskan Native (Origins in the original peoples of North America)

The following information is needed to help evaluate the effectiveness of the recruitment program:

HOW DID YOU LEARN OF THIS OPENING? (Please check all which apply)

\_\_\_\_\_ Newspaper (which one? \_\_\_\_\_)

\_\_\_\_\_ Professional magazine or newsletter (specify) \_\_\_\_\_

\_\_\_\_\_ Employment Security Commission

\_\_\_\_\_ Personal referral (who?) \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUATION SHEET

Name \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Salary \$ \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

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Description of Duties and Responsibilities \_\_\_\_\_

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May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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